



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-05.0	Subject: PREA Mental Health Assessments
Reference: NCCHC Standards P-B-05 2014, and MH-B-04, 2015; MSP 4.5.100, Suicide Risk Management; MSP HS OP I-05.1, Right to Refuse Medical Treatment; DOC 1.3.14, Prison Rape Elimination Act of 2003 (PREA)	Page 1 of 2 and 3 attachments
Effective Date: November 1, 2010	Revised: June 1, 2017
Signature / Title: /s/ Tricia Ayers-Weiss, CSD Mental Health Bureau Chief	
Signature / Title: /s/ Medical Director	
Signature / Title:	

I. Purpose:

To establish guidelines and procedures governing the mental health care of inmates who are identified as victims of sexual assault or sexual misconduct as outlined in the PREA (2003).

II. Definitions:

Mental Health Staff - includes qualified health care professionals and others who have received special instruction and supervision in identifying and interacting with individuals who need mental health services.

Mental Health Therapeutic Intervention - any intervention by a licensed or license-eligible clinical therapist or clinical psychologist.

PREA - Prison Rape Elimination Act of 2003.

Qualified Mental Health Professionals: includes psychiatrists, psychologists, psychiatric social workers, licensed professional counselors, psychiatric nurses, or others by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

III. Procedures:

A. Offender Reporting.

Mental health staff receiving initial reports of sexual misconduct / sexual assault from inmates will immediately write an incident report and notify the Command Post of the incident.

B. Access to Emergency Mental Health Services.

1. Immediately upon receiving information from custody staff and/or medical staff that an inmate has been a victim of sexual assault, the mental health staff member who received the information will complete an *Emergency Questionnaire* (see attachment A) to ascertain suicide ideation. If mental health staff is not available, Command Post staff will complete the *Emergency Questionnaire* form and contact the on-call qualified mental health professional to confirm and coordinate the findings of the *Emergency Questionnaire* form.
2. After interviewing the inmate, the mental health staff member will contact the on-call qualified mental health professional for further instructions.
3. If the *Emergency Questionnaire* indicated current suicide risk, the on-call qualified mental health professional will perform a suicide risk assessment utilizing an *Emergency Mental Health Evaluation, Suicide Risk Assessment, and Treatment Plan form* (see attachment B).

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4. If the on-call qualified mental health professional deems the inmate a suicide risk, the inmate will be placed in the infirmary, with the appropriate level of observation, and will be seen by the qualified mental health professional within 12 hours.
5. The on-call qualified mental health professional will refer the victimized inmate to a clinical therapist for follow-up treatment interventions. Inmate victims of sexual abuse shall receive timely, unimpeded access to crisis intervention services, the nature and scope of which are determined by the clinical therapist according to their professional judgment.
6. The on-call qualified mental health professional will refer the inmate perpetrator to a clinical therapist for follow-up treatment interventions. Clinical therapists will conduct a mental health evaluation of inmate perpetrators of sexual abuse within 60 days of learning of such abuse history and will offer treatment when deemed appropriate.
7. Staff documentation and completed forms, including a treatment plan, will be placed in the inmate's mental health file.

C. Ongoing Mental Health Care for Sexual Abuse Victims and Perpetrators of Inmate Abuse

1. Clinical therapists will offer mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
2. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
3. Follow-up meetings with a clinical therapist will occur within 14 days of an initial intake screening if the inmate indicates to a staff member that they experienced prior sexual victimization or was the perpetrator of sexual abuse and would like to meet with mental health.
 - a. Clinical therapists shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

D. Inmate Refusal of Care

1. If the inmate victim or inmate perpetrator refuses mental health therapeutic interventions following a sexual assault or misconduct, the clinical therapist will document the refusal utilizing a Montana State Prison Refusal of Treatment Form (see attachment C).

IV. Closing:

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments:

Emergency Mental Health Evaluation, Suicide Risk Assessment, and Treatment Plan	attachment A
Emergency Questionnaire	attachment B
Montana State Prison Refusal of Treatment	attachment C

Emergency Mental Health Evaluation, Suicide Risk Assessment, and Treatment Plan
Mental Health Services at Montana State Prison

Inmate Name: _____ ID#: _____ Housing Unit: _____ Date: _____
(Last) (First)

Referral Source: _____ Referral Date: _____ Referral Time: _____

Type of assessment (check): ☐ Self-harm act, ☐ Self-harm threat, ☐ Suicide act, ☐ Suicide threat, ☐ Actively psychotic,
☐ Destructive behavior, ☐ Destruction of property, ☐ Infirmary observation status, ☐ Infirmary clinical restraints, ☐ Other: _____

Suicide Risk Assessment:

1. Does the inmate have an Axis I or II disorder: ☐ No ☐ Yes, describe: _____

2. Does the inmate have a chronic medical condition? ☐ No ☐ Yes, describe: _____

3. Has the inmate taken illicit drugs or drank alcohol recently? ☐ No ☐ Yes: _____

4. Does the inmate have a history of suicide threats? ☐ No ☐ Yes: _____

5. Does the inmate have a history of suicide attempts or gestures: ☐ No history ☐ Recent history (past 12 months), describe: _____

• Means for gesture or suicide attempt: _____

6. Current suicide ideation:

• Inmate's statement (subjective information): _____

☐ None

☐ Passive thought

☐ Active thoughts: Duration _____, Frequency _____, ☐ Persistent, ☐ Obsessive.

• Able to control suicidal thoughts? ☐ Yes ☐ No

• Has made preparations for death? ☐ Yes ☐ No

7. Suicidal intent: ☐ No current intent (last 24 hours), ☐ No intent but not able to verbalize ability to be safe

• Intent related to: ☐ Wish to die, ☐ Desire to hurt someone, ☐ Need to escape, ☐ Need to punish self

8. Suicidal plan: ☐ No concrete plan, ☐ Plan without means, ☐ Plan with means: _____

9. Thoughts regarding their future: ☐ Faith in solutions/resolution, ☐ Indifferent, ambivalent, ☐ No hope

10. Impulsivity: ☐ No elevated risk factors.

☐ Feels compelled and/or driven at times, ☐ Feels a loss of control at times, ☐ Gets involved in fights,

☐ Acts without reflection on consequences, ☐ Has a "bad temper," ☐ Has numerous rule infractions

11. Self-harm: ☐ No history

☐ Has history: _____

☐ Has current plan: _____

12. Deterrents to suicide: ☐ Loved ones, ☐ Spiritual faith, ☐ Hope for future, ☐ Other: _____

13. **Risk Potential:** ☐ No elevation (Denies current suicide ideation, no indicators evident).

☐ Moderate (Suicide ideation without intent).

☐ High (Strong ideation with intent)

Emergency Mental Health Evaluation, Suicide Risk Assessment, and Treatment Plan
Mental Health Services at Montana State Prison

Objective Assessment: (Inmate's age, mental status, thought process/content, affect, etc.)

Case Formulation: (Diagnostic impressions, treatment rationale/justification, instructions/information given and response.)

Plan: ☐ Continue current status ☐ Place on a BMP, ☐ Place on Section G of the BMP, ☐ Recommend PHC/CD placement,
☐ Admit to the Infirmary: ☐ Level 1, ☐ Level 2, ☐ Clinical restraints
☐ Continue Infirmary admission: ☐ Level 1, ☐ Level 2, ☐ Clinical restraints
☐ Discharge from the Infirmary

•Comments: _____

Follow-up: ☐ Follow-up PRN, ☐ Refer to therapist, ☐ Refer to mental health rounds provider, ☐ Refer to psychiatrist,
☐ Refer to mental health group, ☐ Refer for wellness checks, ☐ Refer for MHTU admission, ☐ Assess again _____ in the
Infirmary.

•Comments: _____

Consultations: ☐ Consulted with Unit Management Team: _____

☐ Consulted with Mental Health Staff: _____

☐ Consulted with Infirmary Staff: _____

☐ Consulted with other staff, explain: _____

Staff Signature:

• _____ / _____ / _____
(Staff Signature) (Title) (Date)

Montana State Prison Emergency Interview Questionnaire

Complete sections A through G before calling the emergency on-call clinician through the Command Post. Be prepared to read the form to Command Post staff and the on-call clinician. Send copies of the completed form and related documents to the Command Post & Mental Health Department.

A. General Information:

Inmate Name and AO# _____
Date: _____ Time: _____ hrs. Unit: _____

B. Nature of the Emergency:

Describe what makes this an emergency:

- ☐ Threat of suicide
- ☐ Threat of self-harm
- ☐ Out of touch with reality
- ☐ Bizarre behavior
- ☐ Dangerous/disruptive behavior
- ☐ Place on a BMP or section G

C. Statements from the Inmate:

What did the inmate say to you? _____

What has staff reported about the inmate? _____

D. Inmate appearance:

How does the inmate appear?

- ☐ Normal ☐ Angry ☐ Sad
- ☐ Tearful ☐ Happy ☐ Other _____

E. Inmate behavior:

How did the inmate act out? _____

When you talked to him was he:

- ☐ Cooperative ☐ Uncooperative
- ☐ Hostile ☐ Suspicious

F. Motive/Security issues:

Why did the inmate say he was acting out?

- ☐ To change housing.
- ☐ Has issues with other inmates.
- ☐ Sex offender issues.
- ☐ Not getting along with his cell/block/pod mate(s).
- ☐ Anxiety about being in prison / living in MDIU.
- ☐ Other _____

Explain: _____

Please fill out Section G for suicide or self-harm:

G. Suicide or self-harm intent:

1. Does the inmate say he has a plan to kill / hurt himself?

- ☐ Yes ☐ No

If yes, what is his plan: _____

2. Does the inmate have a way to kill or hurt himself that is available to him?

- ☐ Yes ☐ No

If yes, what is the method? _____

3. Does the inmate say he has a history of hurting himself or attempting suicide?

- ☐ Yes ☐ No

If yes, when was his last attempt?

How did he hurt himself? _____

4. When does the inmate say he plans to hurt/kill himself?

- ☐ Immediately ☐ In the future
☐ Doesn't know ☐ Other: _____

5. If his plan isn't immediate, does he say he is able to wait until morning (if this is after hours) to talk to mental health staff?

- ☐ Yes ☐ No

6. Is there anything he says that security or other staff can do to alleviate his stress? ☐ Yes ☐ No

If yes, what? _____

Please fill out Section H after you have talked to Command Post and Mental Health staff.

H. Outcome:

Mental Health person contacted: _____

Mental Health and / or Staff Comments: _____

Staff Signature: _____

Montana State Prison

Refusal of Treatment

Print:

Inmate / Resident Name (last, First)

Date

Unit

I, _____, DOC ID #: _____, an Inmate at
Montana State Prison **refuse** to have the following recommended treatment:

☐ **MEDICAL**

☐ **DENTAL**

☐ **MENTAL HEALTH**

Description of treatment or therapy refused:

Purpose of treatment or therapy refused:

recommended by: _____

I acknowledge that I have been informed of the below risk and possible consequences that include, but are not limited to the following and which may result in serious adverse health effects including death.

- a) _____
- b) _____
- c) _____
- d) _____

To be completed by Inmate:

Reason for Refusal:

Comments:

I hereby release Montana State Prison and their employees, agents, contractors and Independent Providers from **all** responsibility for any and all affects that may result from the above refusal.

Inmate's Signature

DOC ID #:

Date / Time:

Witness

Position

Date / Time:

Revised: 29 AUG, 2013

Yellow copy is given to the Inmate, the pink copy is the unsigned record, the signed white copy is placed in the Inmates Health Record